

## FORM FOR COMMENTS

### Patient's Details:

NAME:	
ADDRESS:	
CONTACT NUMBER:	

[illegible]

Signature & Name of Member of Staff present: \_\_\_\_\_

COMPLAINT ONLY:

Where the complainant is not the patient

I..... give my consent for this complaint to be made and agree that members of the practice may discuss the matter only as far as is necessary to answer the complaint.

ADMINISTRATION PURPOSES ONLY:

<i>Date received by the practice manager / GP partner:</i>	
<i>Date response send:</i>	
<i>Further actions:</i>	